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## APPLICANTS

Michael D. Seidman, West Bloomfield, MI:

*✓ Lloyds*

## \*\* CONTINUING DATA \*\*\*\*\*

NONE.

*✓ Lloyds*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE.

*✓ Lloyds*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 02/12/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature <i>D. L. Lloyd</i>	Initials				

## ADDRESS

25006  
 GIFFORD, KRASS, GROH, SPRINKLE & CITKOWSKI, P.C  
 PO BOX 7021  
 TROY , MI  
 48007-7021

## TITLE

Nutritional supplement enhancing mitochondrial function

FILING FEE RECEIVED 394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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